

# **Best Practices in the Development of an Integrated Practice Model for Children, Youth, and Their Families**

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# Definitions of Collaboration and Integration

**Collaboration:** Agencies are familiar with each other's missions and roles, key staff work with each other at the child/family level, but retain single system decision making power and planning.

**Integration:** Agencies are familiar with each other's missions and roles, key staff work with each other at the child/family level, sharing decision making in a team format that includes the family, producing a single plan that meets all system mandates and that is owned by the entire team.

# Bad News

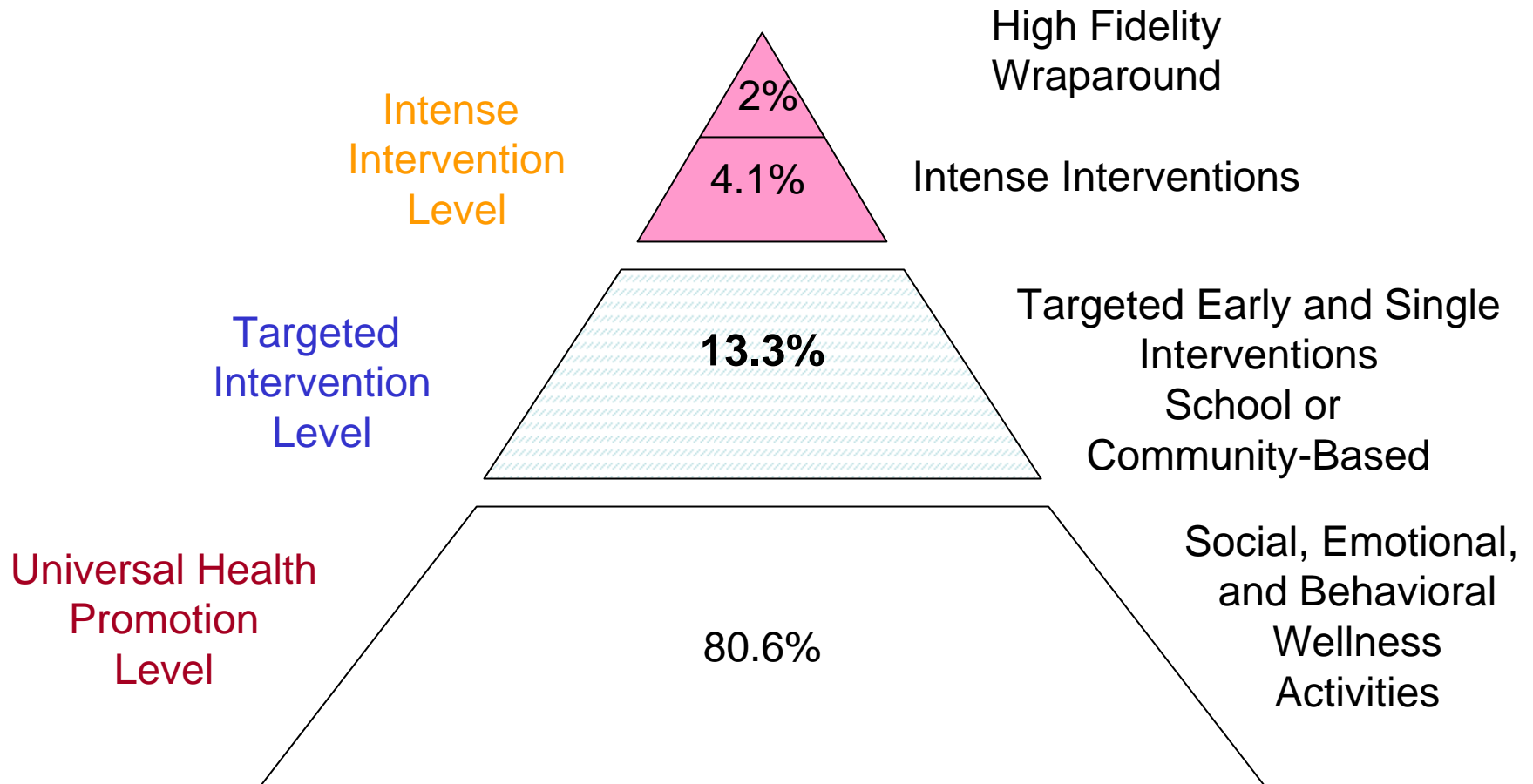
- **There is convincing data that there are more children and youth with complex needs across child serving systems than ever before. U.S. Rates of teen depression for college students have doubled in 15 years. Rates of child abuse are at all time highs. Canada has similar data.**
- **Over one in four teens are at serious risk of not achieving a productive adulthood. As a group, U.S. children in 1993 were reporting more anxiety than did children who were psychiatric patients in the 1950's. Recent studies of Canadian children and families indicate similar issues.**

# Good News

- Support based, team driven models of care are being widely adapted and innovated by every major system...

Restorative Justice/Balanced Approach;  
Spirit/Healing Circles; Positive Behavioral  
Individualized Supports; Family Group  
Decision Making; Family Unity Model,  
Wellness Circles; Child and Family  
Teams; and others.

# An Integrated System



# How Many Youth with Problems?

Of 9-17 year olds:

- 5 to 9% have SED with extreme loss of functioning in daily life
- 9-13% have SED with substantial loss of functioning in daily life
- About 20% have some neurobiological brain or emotional disorder that can be diagnosed

# What is Wraparound?

A facilitated team-based service and support planning process; the team is composed of 4-8 people in the life of the youth and family who know them well and who care. The team:

- Creates and implements plan that is family driven;
- Includes within plan a mix of formal and natural supports;
- Bases the plan on unique strengths and culture of family.

# Principles for Wraparound

- Family Voice and Choice
- Team Based
- Natural Supports
- Collaboration (and Integration)
- Community Based
- Culturally Competent
- Individualized
- Strengths Based
- Persistence
- Outcome Based and Cost Responsible



# Phases and Activities of the Wraparound Process

## Engagement and Team Preparation

- Orient the family to Wraparound
- Stabilize crises
- Facilitate conversations about strengths, needs, culture, and vision of the family
- Engage other potential team members
- Make needed meeting arrangements

## Initial Plan Development

- Develop a plan of care
- Develop a detailed crisis/safety plan

## Implementation

- Implement the plan
- Revisit and update the plan
- Maintain team cohesiveness and trust
- Complete documentation and handle logistics

## Transition

- Plan for cessation of wrap
- Conduct commencement ceremonies
- Follow-up with the family after graduation

# Team Mission

- The team mission comes from the family's vision about where they want to be in the middle or long term
- The team mission is the overarching goal that will guide the team through the phases and onto transition from formal wraparound.
- The team unites around the mission

# **The County System of Care: Core Decisions to Be Made**

*Overview: What is a System of Care?* A system of care is an organized group of agencies, schools, and natural support brokers such as faith based organizations and service club representatives. This group comes together to ensure an integrated and seamless service and support process for all children and families with complex needs across systems.

# Again, Going From Collaboration to Integration is a Needed Shift

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# Tyler Family

- Marge, 38
- Evan, 39
- Billy, 14
- Sam, 12
- Sally, 12

## Major Strengths, Family Culture:

- Parents married 17 years
- Both sets of grandparents alive and in the area, care about the family
- Marge has entrepreneur skills in area of home cleaning business
- Family has history of surviving adversity using their wits
- Evan has over a year of sobriety after a decade of untreated alcoholism
- Children provide active support to each other

# Major Needs of the Tyler Family

Billy: Serious Juvenile  
Justice involvement:  
Breaking and  
entering, shoplifting,  
thefts of all types

Twins: ADHD, extreme  
levels, some mental  
retardation, possibly  
high functioning  
autism

Evan: Verbally and  
physically abusive to  
twins, unemployed,  
unable to hold job due  
to oppositional  
attitude

Marge: Family history of  
major depression  
(untreated); Suicidal  
ideation

# Who is involved?

Child Welfare  
Juvenile Justice  
Children's Mental  
Health  
Adult Mental Health  
Schools (2)  
Employment Services  
AA  
Housing Department  
Bailey Agency (local  
NFP)

Total of 15 direct  
helpers, including  
supervisors

# Current Collaborative Efforts

1. Long standing interagency services committee, started by United Way
2. Child Welfare and Children's Mental Health co-locate staff
3. Juvenile Justice has major presence in High Schools, successful joint effort to reduce juvenile crime and keep at risk young offenders in school
4. Adult Mental Health and Adult Addictions Services are in same agency.
5. Strong early childhood services based on home visitor model



# Current Services to Tyler Family

- Child welfare has substantiated Dad's abuse of twins, has removed them from the home, created a strict reunification plan that includes family therapy and supervised visits
- Juvenile Justice has just released Billy from detention over breaking and entering, Billy has new charges of theft, court ordered therapy and restitution
- Twins are in therapy, two different therapists
- Housing is trying to find safer housing
- Marge sees a psychologist and has been referred to a psychiatrist
- Evan goes to four AA meetings a week and sees his sponsor twice a week, calls daily
- Evan goes to court ordered anger management
- Evan is working with Vocational Services on pre-employment skills

# Monthly Appointments

Child Welfare Worker	2x
Marge's Psychologist	4x
Marge's Psychiatrist	1x
Billy's therapist	4x
Billy's restitution services	4x
Appointments with Probation and School	2x
Twin's therapy appointments, total	8x
Evan's anger management	4x
Evan's AA related meetings	10x
Other misc. meetings: Vocational, Housing, Medical	5x
Total:	43

# Mutual Perspective

How do the professionals involved with the Tyler family view this family, and their role in the family? Do they see their role as “Rescuer” “Stabilizer” “Enforcer” “Supervisor” ?

How does the family view the professionals? Does the family feel that they are asking for help? Does the family want the same help as the help the professionals want to give?

# Help isn't help unless it is asked for!

Sometimes people need help even though they don't ask for it. How can we engage them in a way that helps them trust us when we see a need that they do not see?

# Comments from the Files:

- Family is dysfunctional
- Parents are resistant to treatment
- Home is chaotic
- Billy does not respect authority
- Twins are at risk due to parental attitude
- Mother is non-compliant with her psychiatrist, does not take her meds
- Father is unemployable due to attitude
- Numerous missed therapy sessions
- Attendance at family therapy not consistent, recommend group therapy for parents

# Cost

At \$50 an appointment not including AA,  
cost is at least \$2,000 a month not  
including salaries of key system staff

# Wraparound For The Tylers

1. County decided to integrate, build on successful collaboration efforts
2. Funders allowed joint funding of wrap coordinators who work for all systems
3. Coordinator engaged family, talked to all systems
4. Wrap team was formed and priorities set with court approval

# Priority Order

1. Billy's thefts, individualized plan to stop criminal behavior and build on Billy's strengths
  2. Support of twins and highly individualized plan to gradually move toward reunification,
  3. Plan to stabilize twin's school behavior using grandparents as volunteer aides
  4. Support Marge's business efforts to keep income rolling in
  5. Continued Vocational Services for Evan, with team support of job finding
- And so on, over a year (predicted)



# Single Plan?

- A single plan document is optimal, but may be difficult to achieve early on in system of care development. The team members from agencies and schools may have separate written plans, but 90% of what is on the plans are the same for each system, and 10% relates to federal or state mandated system-specific requirements.

# **Non-negotiables for the County System of Care**

**Simultaneous Multi-Level Change at the:**

- 1. County Policy and Funding Level\***
- 2. Agency/Organization Level**
- 3. Practice Model Level**

**\*With Necessary State Level Cooperation**

# **Practice Model: Integration Level Family and Multiple System Decision Making**

- Wraparound exists as a method to integrate supports and services for families with complex needs across systems, and is always delivered in a system of care model, focused on integration as opposed to just collaboration. Decision making is team based, not single system based.
- No family should have multiple separate teams, each with single system decision making. If complex needs exist, use wraparound as the practice model.

# Benefits of Team-Based Planning

We create a single table for family, formal and natural supports to come together and good things happen after we get past the pain of change...

- Professionals from all systems begin to work together in unprecedented ways and truly understand each other's systems
- Youth/families are seen as having assets not just deficits
- Natural supports begin to be organized in communities as brokers of natural supports get involved

# Remember: Support and Treatment not just Treatment

- The family without support looks like they may need much more treatment than the family with support. Wraparound and other team based services typically start with supports such as respite, mentorship, networking with other similar families, financial supports, support to worship as desired, and other supports; and then move into treatment provision as needed.

# Blending Other Common Single System Decision Making Team Models with Wraparound

When a single system method is anticipated to be ineffective due to complexity of family needs, blend models using the integrated method of Wraparound. *For example:*

- Restorative Justice/Balanced Approach Teams and Wraparound: Ensure community safety, get restitution done, and address other issues beyond the JJ issues, such as neglect
- Personal Futures Planning and Wraparound: Help a person with developmental disabilities implement a personal futures plan and yet deal with other system issues such as addiction
- Positive Behavioral Support Teams and Wraparound: Address acceleration of positive behaviors at school and yet deal with other system issues that may jeopardize school successes, such as complex mental health issues.

# Wraparound Practice Model Fidelity Matters

- Does a child and family team exist and are informal team members present? Is safety of the child and community the first priority?
- Have the facilitators done a true strengths, culture, and needs assessment/discovery?
- Are all key system partners in attendance, assuming parents/custodial agents want them there?
- Are all phases and activities of the process being implemented?

# System of Care Structure Matters...

- Does the local county governance committee clearly understand system of care and wraparound?
- Does an empowered system of care and wraparound management team exist that clearly sees their link to the priorities of all systems?
- Does this management team have the needed leadership and staff time?
- Does this management team include representatives of the informal community?
- Has the team decided on core values across systems?
- Are they developmentally ready to move beyond collaboration to integration?



# Quality Assurance...

- “What are we doing? Do we have fidelity?”
- Is management infrastructure in place and how is it working?
- Does facilitation exist and is it adequate?
- Does a strong parent-professional partnership exist at individual team levels, agency levels, system design levels, etc?
- What does the QA linkage back to a Governance Structure look like?

# Continuous Quality Improvement

- Every day in every way, we are getting better and better....
- Does practice model coaching exist?
- Once QA reveals core fidelity data, does a plan exist to improve the baseline data?
- Has the management team shared the CQI plan with the Governance Structure and gotten their help with barrier removal?

# Coaching...

- Coaching vs workshop training....
- Coaching to core skills
- Certification of core skill acquisition to child welfare standards for system of care and wrap process...
- Creates a pool of many people who operate under consistent practice model
- Supervisors as coaches or specialist coaches?
- Do coaches have tools?

# **Practice Model Fidelity Effects After Six Months**

1. Good Training Only
2. Above plus practice at the training
3. Above plus follow-up training
4. Above plus hands-on coaching

(Joyce and Fellows, 1995)

# **Practice Model Fidelity Effects After Six Months**

1. Good Training Only – ZERO EFFECT
2. Above plus practice at the training - ZERO
3. Above plus follow-up training -- UNDER 15%
4. Above plus hands-on coaching – OVER 50%

# Training and Coaching

- **Training, although useful and important for orientation purposes, is not enough to change practice. Coaching (hands on instruction in the workplace and home environments) to achieve good skill acquisition must be done by supervisors as a routine part of supervision.**

# Training and Coaching in Nevada

